

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007959

Entity Name: ILORMISE'S LEGAL CLINIC- HAITI EDUCATION FUND, INC.**Current Principal Place of Business:**3870 68TH AVENUE NE
NAPLES, FL 34120**Current Mailing Address:**3870 68TH AVENUE NE
NAPLES, FL 34120 US**FEI Number:** 42-1737877**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SENECHARLES, FRANKLIN
3870 68TH AVE NE
NAPLES, FL 34120 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P
Name CENECHARLES, HILDA
Address 20140 NE 3RD COURT, #7
City-State-Zip: MIAMI FL 33179

Title EVP
Name SENECHARLES, JUNIACE
Address 3870 68TH AVENUE, NE
City-State-Zip: NAPLES FL 34120

Title E D
Name SENECHARLES, FRANKLIN
Address 3870 68TH AVENUE, NE
City-State-Zip: NAPLES FL 34120

Title T
Name ETIENNE, ROMEL
Address 3870 68TH AVENUE NE
City-State-Zip: NAPLES FL 34120

Title FUND RAISING COORDINATOR
Name CENECHARLES, WILNER
Address 3870 68TH AVENUE NE
City-State-Zip: NAPLES FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLIN SENECHARLES**EXECUTIVE DIRECTOR****07/15/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date